

MCC Committee on Women's Concerns report



Report No. 60, March-April 1985

Women and the Special Child

"Will my baby be normal?"

This is the question most often wondered about or asked by a woman who is carrying a child. When asked, "Do you want a boy or a girl?" the answer most often is, "It doesn't matter as long as it's normal." The joy and relief of giving birth to a healthy baby is apparent. But what happens when everything is not as it should be? The agony of the birth of a seriously ill or handicapped child has to be experienced to be believed. Sometimes this agony is delayed since not all problems are evident at birth.

Nettie Wiebe in writing about her own experience with adopting Lisa, says "My heart goes out to parents who were expecting a 'normal' baby and have to learn that their baby is retarded. Parents need to work through their feelings of anger and become totally accepting of the baby as soon as possible."

How does a mother cope with a child who is blind, deaf, without limbs, deformed in some way, has a cleft palate, is a Down's syndrome baby, medically hyperactive or has severe emotional problems?

Lydia Doerksen, when faced with her son's disability, writes: "I had never seen such a child, knew only that he was very fragile and that I was filled with anxious questions as to how to deal with him."

How does a mother cope with the long hours of caring for such a child, which bring severe emotional strain. Lydia writes, "Occasionally, I would feel trapped. The weight or pressure couldn't be broken. The duration of such a responsibility tends to weaken the emotional energies."

Mothering a special-needs child hurts. The cost in tears, anger, frustration and emotional strain has to be experienced to be believed. One mother told me that if she were to do it over again, she would not have the baby. "The trauma of parenting my child has been so severe that I would not repeat it. Had I known what would happen, we would not have had our baby."

Several writers refer to the strain on their marital relationship that comes with parenting a special needs child. They indicate that they were able to work out their differ-

ences and problems. This is not always the case. Some relationships do not recover from the shock and strain and end in separation and/or divorce. It may be either partner who walks out and leaves the other with "the problem." Recently one such marriage ended in divorce. A relative asked in anguish, "Where did we go wrong? What kind of support could we have provided that could have saved the marriage?"

Parenting is seldom easy. When additional problems arise the result is often traumatic. Recently the mother of one of my students who was having a lot of problems said, "Parenting is no FUN! This is terribly hard. It is no fun at all!" For her and for many others it is probably the most difficult task of their lives. Some survive and some don't.

Another mother has written a book about her struggle to find help for her son and herself. She was able to finally find the help she needed and proved the early specialists wrong. She was also able to break out of her own nightmare in trying to cope with her son's problems. However, the cost has been great. She lost her marriage and her faith as a result. She is professionally successful, has raised a son who has reached the levels of growth he can achieve, but she is a bitter woman.

The understanding of family, friends and the church community is crucial in providing the necessary support needed to cope. A problem is made easier when others care and can help. Parents of a special-needs child need "time off" to renew themselves and their relationship. Here is where family or church friends can be of special help. An occasional evening or long weekend "away" can do a lot to ease the tension and strain that exists from the continual pressure that is present. Couples can also provide "time off" for each other by taking over at home and letting the partner go out alone or with friends.

Parenting a child who is emotionally disturbed or medically hyperactive can bring an added dimension to the problem in that it is not physically apparent and readily identified. As a result many people just do not understand. Often such people become very judgmental and blame the parent(s) for whatever is wrong. "If you did a better job of parenting, spanking, disciplining (or whatever) this prob-

lem would not exist. I only had to spank Janie once and after that she behaved in church and sat still. If you would only quit your job and stay home, your child would be different. Is your job so important to you that you are willing to sacrifice your child for it?" That spanking doesn't work or just makes the problem more severe is something such a critic will never understand. Nor will he/she believe that the problem would still exist even if the mother were at home fulltime.

The writers in this *Report* have shared their feelings, frustrations, victories and successes. It is hoped that

through the portraits of their children and through their own struggles others who are faced with similar problems will find hope and those who do not walk in similar deep valleys will at least have a greater understanding of those who do. —*Rose Friesen Buschman, compiler*

Rose Friesen Buschman, a high school math teacher, lives with her husband and 16-year-old son in Garden City, Kan. She serves as secretary of the Southern District Conference of Mennonite Brethren Churches and as treasurer of Garden Valley Church.

Can He Make It On His Own?

by Lydia Toews Doerksen

When Richard was born with a disease called Osteogenesis Imperfecta 14 years ago, we were told that he would not live to be a year old. I remember thinking that it would be as well so that he would be spared a lot of suffering. Unconsciously, I may have also pushed aside the thought that I would have to live and cope with a child that had a permanent disability.

Osteogenesis Imperfecta is a metabolism disorder that affects the development of bones and teeth and can lead to numerous complications later in life. I had never seen such a child, knew only that he was very fragile and that I was filled with anxious questions as to how to deal with him.

The first few years were especially difficult. I soon realized that mothering would take a large portion of my time and energy. I scheduled my work and timetable around my son and his needs.

Finding the right doctor and the right kind of medical help proved to be traumatic at times. The decision to keep him under treatment as an outpatient as much as possible rather than in an institution was difficult but right. After much trial and error, we finally found "our" doctor and, medically, things progressed well for us from then on.

Like all parents, we wanted the best possible treatment for our son. Upon our doctor's advice, we consented to have metal rods inserted into Rich's upper and lower leg bones. This is supposed to straighten and stabilize his legs, eventually allowing him to stand and walk. By putting his weight on his bones, they will hopefully be strengthened and thus have fewer fractures.

Theoretically we knew that this decision would involve many operations until puberty. What we didn't know was that it isn't easier to emotionally cope with each succeeding medical intervention. Routine brings some comfort. Still it's the knowledge that discomfort, pain, anxiety and risk are involved in each operation and that, physically, Rich has to go through these experiences alone that makes it more difficult.

A new blow came when I discovered that in my need for comfort, Helmut and I, as partners, tended to withdraw and isolate from each other. Feelings of loneliness and misunderstandings had to be worked through at a time

when our inner resources were nearly drained. This last state only added to the weight I already felt by having a sick child.

Sometimes waves of self-pity wanted to engulf me. Poor me— here I was far from family, old friends and culture and wondering what I had done to deserve all this. Happily, this state didn't last long. Usually I would claim a Bible verse or cry out a brief prayer to help me cope. I would force myself to keep up my work, knowing that it would benefit me as well as the family.

Occasionally, I would feel trapped. The weight or pressure couldn't be broken. The duration of such a responsibility tends to weaken the emotional energies.

Fortunately, the positive aspects of having Richard with us far outweigh the negative. I believe that a special child does leave an imprint on the family. I do not know how I would have worked out my life, but I do know that I would have lived it differently if we didn't have Rich. Throughout the years, my responsibility has been to get him to and from school, visit him while in the hospital, drive him to therapy and music lessons, see to it that he gets to his doctor appointments and take him to his friends or to church activities.

I've always believed that Rich is a gift to us and that God knew what He was about when our gift came deformed. I can't claim to know the purpose of it, but I do know that I've had many opportunities for learning as a result of it.

I'm still learning to accept help. I've also learned that I need to ask for help. I can't expect help without asking for it, since people often cannot relate to the need and so don't offer to help. If for some reason someone says "no," then I have to very consciously free that person so that I won't harbor grudges, self-pity or ill will that destroys relationships. If, on the other hand, someone says "yes," then I need to accept it gladly, freeing myself from unnecessary feelings of indebtedness.

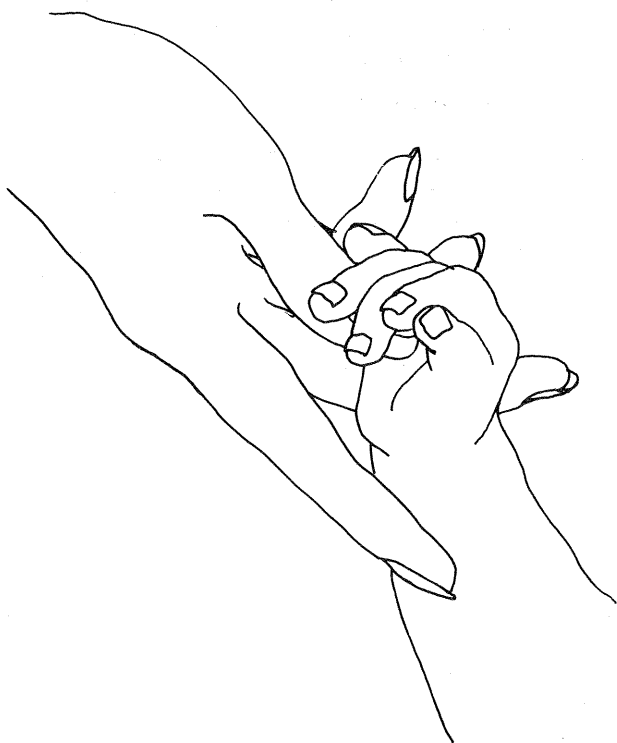
I'm learning to be the recipient of money for medical costs. Because of our foreign status, we are in Richard's case ineligible for Invalid Insurance. Medical bills could have been a major source of concern. They haven't been.

After we were told of the reality of our situation soon after Rich's birth, I recall thinking it would have to be the Lord's problem. At that time we were on a voluntary salary. I actually felt a surge of excitement to see how our financial needs would be met. The very next day we received a letter with several hundred Swiss francs included in it. Over the years we still have similar stories to tell.

The lessons I've learned from Rich are countless. Despite his over 50 fractures and 16 operations, he has maintained a tremendous sense of humor. He so enjoys living that it's contagious. He keenly participates in the activities of his friends and classmates so that he can naturally say "we won the game." He accepts people at face value and usually makes the initial contact. He concentrates on what he can do rather than on what he cannot do.

Education is a concern for every handicapped child. Rich is no exception. The Swiss have excellent specialized schools for every disability but we wanted our son integrated into the public schools. For two years of kindergarten and five years of grade school this was possible because I was able to walk up and down the stairs as many as four times a day carrying a small boy in my arms.

The transition to higher grade levels brought new problems. He was getting heavier and did not want to be carried like a baby. He needed his wheelchair in the classroom—we had only one.



God's Handiwork

After several consultations, much discussion and prayer, we made the decision to enroll him in a school/home for teens with special needs. This school is close to our home, easily accessible by wheelchair, and it provides a small-classroom situation. The latter was a serious consideration because he had missed so much schooling in the last two years that educational gaps were becoming evident. Looking back, we say we made the right decision.

Richard is the youngest of three children. Paul, the oldest, always maintained a brother attitude towards Rich. He can tease him, verbally attack or put him down if necessary. More recently, the two brothers can dialogue about common interests as teens do.

Sister Carol Lynn had the tendency to want to help with his care. I needed to watch that she didn't overprotect him. I appreciated her help but didn't want to put a responsibility on her that was too great for her years. Now that all three are teenagers, there is a lot of give and take as well as good will among them. Always I have appreciated the fact that we as a family are in this together.

It is true that I spend the most time with Richard. However, we as parents have always shared the responsibility together. Aside from the physical involvement, there is the nervous exhaustion that tears at the fibers of life. That's why when discussing the next operation with the doctor, deciding to have new braces made or not, continuing therapy, I was so grateful that as partners we shared the load.

Both of us are trying to prepare Richard and ourselves for the time when he will be older and, hopefully, live independently of us. We knew that practicing for such a time had to begin long ago. Even if it was quicker to help him dress, pick up his clothes, etc., I deliberately needed to take the time to let him do it.

Finding the thin line between being negligent (in view of his fragility) and being willing to let him take risks has not been easy. I am still learning. I have had to let him go emotionally; mostly this was accompanied by a silent prayer asking God to protect him. Last summer I watched him literally tear off with a friend for a week at Indian Camp. He didn't need his mom one bit and I was relieved, grateful, and even a little proud of his independent spirit.

For me, remaining under the constant pressure of a 24-hour vigil, especially during his younger years, has been difficult. I am learning to live one day at a time and trust that I will be able to cope. I need to and do take time, even for short periods, to get away—just to get distance and space for myself. I have not found the answer for why I was allowed to be the mother of a special child, but deep down I know that I have gained much by living with him. Yes, indeed, I've been the richer for having been the mother of a special child.

Lydia and her husband, Helmut, are in MCC service in Switzerland. They and their three children reside near Basel, and Lydia serves as hostess at Bienenberg Bible School.

Spina Bifida—A Human Crisis

by Louise Rempel Janzen

Our Canadian centennial project, Erica, was born in July of 1967. The pregnancy was normal and my husband, Ed, was able to be in the delivery room with me since we had taken natural childbirth classes together. The moment of her birth was one of great joy for both of us. However, within minutes we were told that our daughter was not a normal child. She had spina bifida.

For the first six months we lived from crisis to crisis, including meningitis. This illness left Erica with brain damage. Shortly after this, her head began to grow due to a condition known as hydrocephalus. Fortunately, by placing a shunt from the brain, the fluid began to drain and her head assumed its normal size. However this, too, had left its mark. The stretching of the brain had caused more brain damage. The head was now long and narrow.

After those first six months we became involved in the Cerebral Palsy Center nearby, a center for physiotherapy. For the next two and a half years our life centered around the therapy center and trips to various doctors—orthopedic surgeon, neurosurgeon, etc. There was all the trauma of surgery—trying to keep the hips, legs and feet from becoming too rigid and deformed. These were the most difficult years. During this time, our second child, David was born. This normal, healthy child brought a lot of joy to our home but also added to the burden since I was now carrying two babies to and from doctor appointments and therapy sessions. At one point Erica was in a body cast for eight weeks.

By this time I was experiencing severe depression. My husband was working very hard to establish himself in his career, and was also studying at night. That gave little time together.

When Erica was 3 years old, several major changes took place. First of all, we received a call from a social worker asking us if we would like to enroll Erica in a new day care center which was about to open in our city. It was being created especially for severely mentally and/or physically handicapped children. This brought about a new experience for Erica and a complete break for me. Erica

was now picked up by taxi at 8:30 a.m., Monday through Friday, and brought home around 4:30 p.m.

Secondly, my husband and I began seeing a counselor rather regularly over the following two years. These two factors contributed greatly to some positive changes that gradually took place in our lives and in our marriage. Erica had become a scapegoat and I needed to see that. Also, I was beginning to see her as a whole person for the first time.

Finally, thanks to a very perceptive pediatrician, as well as some therapists and teachers, it was felt that we were all concentrating much too heavily on Erica's physiological problems, many of which were insurmountable despite surgery and therapy. We now began to put most of our efforts into Erica's social and mental development. Although she was moderately retarded, she was teachable and had learned to speak and even to read at a very basic level. In cooperation with doctors, therapists and teachers, we began to become more aware of the total child.

Erica began to blossom into a very unique and beautiful personality. Her physical problems did not disappear; in fact, within a few years they became greater. However, we had learned to live with a number of uncertainties by now; the possibility of her death was always imminent. Each day became a special day and her good days (sometimes few and far between) became highlights for us all I believe it was in Erica's last few years that I learned in part the secret of enjoying each day to its fullest, knowing full well that it might be Erica's last.

Erica died of a seizure in November of 1974. She was 7 years old. Her death, although painful to us as a family, was also a positive experience. The enrichment that our family had experienced because of her life had left its mark upon us permanently. More than that, many others who had known her intimately, had been enriched also. Her life has not been meaningless nor has it been a tragedy.

Louise Rempel Janzen is a piano teacher at Rockway Mennonite Collegiate in Kitchener, Ont. She, Ed and son, David, attend Guelph Mennonite Church, where Louise teaches Sunday school and also plays the piano.

*This memorial meditation for Erica Louise Janzen (born July 4, 1967, died Nov. 7, 1974) was given by Herman Enns, then pastor of the Hamilton Mennonite Church in Ontario, Canada. It is reprinted here from the **Mennonite Reporter**, Nov. 28, 1977.*

A Child in Our Midst: A Funeral Sermon

Erica's life has meant very much to all of us. God placed her in our midst for a reason. Our congregation, tending toward sophistication and intellectualisation, needed a counterbalance, someone to remind us that although faith is profound, it is also simple, elemental, and very basic.

God entrusted Erica to a family that would receive her and to a congregation and a community which had much to learn from her. It took only seven years for her to complete a life's task.

We acknowledge our deep gratitude to you Ed and Louise—her parents—for sharing Erica with us, for sharing your pilgrimage of growth in your relationship to her and how this affected your marital relationship as well as your whole outlook on life. You demonstrated for us, in a courageous and committed way, on a day-to-day basis, how mental retardation and physical limitations are no barriers to love and affection; and, indeed, that they nurture and sustain such emotions.

A new world of understanding and compassion opened up for us as adults, young people and children. I was glad for the response of the children in wanting to have a part in the service today.

You were sensitive to our own fears and inhibitions, allowing us to respond as we were able. We learned a great deal about acceptance, about loving, about pain and suffering, about limitations that are not really limitations, and about the rich potential of the human spirit.

Your own response as parents to Erica is most fitting and appropriate when you say: "It was an honor to have had Erica in our care." It was an honor for our congregation and our community to have had her in our midst.

There is a sense of relief. Erica is at peace. No longer will her frail and tiny body have to struggle against the vast odds of pain and suffering. The margin between life and death for her was always very thin, and yet she successfully came through one crisis after another. She literally put her whole heart into living.

She gave you, her parents, love. The tribute speaks for itself. In very important ways her life was complete.

There is a sense of loss and grief. Erica, for you as parents, was one of the focal points which gave purpose and meaning to your life and also influenced almost every major and minor decision you made. You will miss deeply her full dependence on you. Through her death something has been torn out of the very fabric of your being. She was flesh of your flesh, bone of your bone, personality of your personality, spirit of your spirit.

Our sense of loss and grief cannot compare with yours. Yet, with brother David, trying to comprehend what her dying meant, we as friends and congregation want to say: "But we loved her, too." She has left a wound. It is quite deep, but it is clean. It will heal well. You have done what you could. Even in the final race with death, you, Ed, sustained her life with your own breath.

You have confessed your disappointment, your anger, at times your despair. She cost you many, many tears. You, Louise, confessed that it was very difficult at first to allow her into your life and into your affections. In this Ed had to lead the way.

You knew intuitively that to become attached to her would also leave you vulnerable to being hurt. You took that risk and are profoundly glad that you did. There is no basic guilt you need to work through. The wound will heal. "Blessed are they that mourn; for they shall be comforted."

You allowed your faith to become a resource to you. So often from the highest experience of joy you needed to descend into the deepest valley. Yet you wanted the full experience. "Her death shall be like her birth" was your desire.

Louise, you did not want to be anesthetized. At her birth there were 10 minutes of pure exultant joy; your firstborn had arrived. Then the deep trauma: "She is not normal." At the news you, Ed, said you almost fainted. In your diary you wrote: "We read the 121st Psalm— 'I will lift up my eyes unto the hills. From whence cometh my strength? My help cometh from the Lord.' It encouraged you.

There were many such deep valleys but always a way opened up. The 23rd Psalm became a favorite with you, Louise. It affirms the awareness of God's presence, someone stronger than you supplying strength when needed. Someone more loving than you supplying love when needed. You trusted God, you could also learn to trust your counselors.

I want to claim the transforming effect your lives and Erica's life had on me. There was a time when I, as minister, dreaded the inevitability of this day. Today I can honestly say it is an honor to be allowed to stand beside you in your valley of death, of sorrow, and of grief.

A very important thing has happened here, a very beautiful thing. We might have hoped for a miracle of healing. It never came. We received instead the miracle of transformation and new life. Nothing is the same because of Erica.

Her life has become a foundation upon which to build. She served as a way, as a bridging way into a new level of quality in living, making true Jesus' words when he said: "I come that you might have life in all its fullness." Erica's faith was simple. It was best demonstrated in her love for Christmas carols, in her response to persons, in the way she remembered names, in her response to you as a family.

Her life with us prompts me to affirm an incarnational theology— the Word became flesh and dwelt among us, full of grace and truth. Through Erica's life and through your relationship with her, very much grace and truth has been communicated to us.

I trust we will be able to build on the good foundation that has been laid. For our commitment, after all, is not to death but to life. A young life has been taken from us. It was bittersweet. It was God's life and therefore not in vain!

A Portrait of Lisa

by Nettie Rempel Wiebe

Lisa was a pretty 3-and-a-half-week-old baby when two social workers placed her in our home. I fell in love with her immediately. We had known before Lisa came that she had Down's syndrome, but I wanted desperately for our family physician to say it was a mistake. When he confirmed the diagnosis it was as though he had slapped me in the face.

I had been a practical nurse and knew some of the symptoms of Lisa's condition. I knew these children are retarded and often have heart conditions. Lisa's heart condition was a very serious one. We were referred to a pediatric cardiologist who felt that surgery was too much of a risk for her. Finally, when she was almost 4 years old, open heart surgery was performed. God answered our prayers through the skill of a fine surgeon.

Early stimulation is important for a Down's syndrome baby. I was able to get some information through a sister-in-law who is a nurse, and I tried to follow these suggestions. I always kept Lisa in the same room with me during the day. When I was fixing meals she was in her infant seat in the kitchen so she could smell the fragrance of food cooking. Today, at age 10, she can tell me what is baking in the oven. When I ask, "How do you know?" she says with a laugh, "I can smell it."

These children need a generous amount of love, holding, cuddling, kissing and, of course, they need to be talked to. Lisa gave me the first smile at 4 weeks and what a thrill it was. I then held her up to my husband, Ted, and she smiled at him, too.

Because of poor oxygen supplies to her body, Lisa developed much slower than most Down's syndrome children do. She could still not sit by herself at age 1. She spent much time on the floor rolling to get the things she wanted. We located a child specialist who directed me in the daily exercises I should do with Lisa. She also started Lisa on speech therapy when she was ready. By sitting Lisa up in an inner tube for short and then increasingly longer periods of time, she learned to sit. Step by step she learned to creep, crawl, stand, and walk. It was a slow and sometimes painful process, but we are so grateful for the help we received.

Lisa was able to receive further help and training through a local child development center which she attended several times during the week. I received detailed instructions for activities to do with Lisa on a daily basis. It was an intense program and we believe Lisa received a boost in her ability to communicate.

At age 6, Lisa entered public school in the educably mentally handicapped program. She can print the letters of the alphabet and numbers up to 50. She adds and subtracts numbers up to ten, and reads approximately 30 words. She can spell seven words.

Lisa is mainstreamed into the first grade for socialization skills. During recess she plays with the first-graders and eats her lunch with them. When the first and second

grades recently put on a musical program, Lisa was one of the firefighters. She sang heartily and acted very sick when they pretended to have eaten too much candy and ice cream.

One day my husband and I joined her for lunch at school. The 20-minute play period following lunch was spent in the classroom since it was too cold to go outside. Lisa had brought a memory game from her educably mentally handicapped classroom and three first-graders asked if they could join her. She happily consented and all seemed to have a good time. On the way to the dining hall Lisa tried to keep peace between two boys in conflict.

Lisa enjoys school very much. She does not like spring break or any other break. She gets very attached to her teachers and thanks the Lord for them daily at bedtime. She also prays for missionaries she knows. Since she is very susceptible to colds, ear infections and pneumonia, she is especially sensitive to the needs of people who are sick. Recently her teachers said, "Lisa always tells us she is praying for a student who is sick." We at home always know who is sick or when a new student joins the classroom.

She is very good at remembering names. At age 3 she knew everyone's name in her class of 17 at Sunday school. She has memorized a number of Bible verses including John 3:16. When her 5-year-old sister disobeys, Lisa often quotes Ephesians 6:1, "Children obey your parents in the Lord for this is right."

Lisa loves pets. In the summertime, she spends much time carrying her kitten around. She treats it like a baby. Our dog is always glad to see her get off the school bus since she stops to pet him.

Lisa is fun-loving. She and her Daddy tease each other a lot. On the playground she prefers the merry-go-round to the slippery-slide and the swing. She has participated in the Special Olympics. Twice she did the softball throw and once the 50-meter dash.

Lisa and her younger sister Lori can play together for hours and have a great time. Of course, they also fight. When other children join them, Lisa often withdraws. She will then play by herself. She can entertain herself for hours and never seem bored. Most often she plays the part of the teacher giving instructions to an imaginary classroom full of students. She enjoys setting the table and dusting furniture and will empty the dishwasher when assigned to do so. She also likes to feed the animals.

Nettie Rempel Wiebe lives with her husband, Ted, and their two daughters on a farm approximately 15 miles northwest of Garden City, Kan. She is active in Garden Valley Church.

P.S. There is a tragic postscript to Nettie's story. On April 11, Lori fell five feet off of a farm implement and was killed instantaneously, evidently having broken her neck. Friends and family buried her on her sixth birthday. Although Lisa was stricken to have lost her best friend and playmate, she comforted both herself and her classmates with the message that Lori is safe with Jesus.

Just Smile

You look at me with pity,
concern, or indifference,
for I am a retarded child.
But you only see the outside me.
If just for a moment,
I could express myself,
I would tell you what I am inside.

I am very much like you
I feel pain and hunger.
I can be tired or weak
or sick with the flu.

I am a child. . .
in age, now, and in ability always.
I find the touch of soft toys
and snuggly dogs comforting,
I love the toys of childhood. . .
a kite, a balloon, a wagon to pull.
I like to let go at the top of a slide
and after dizzy seconds
find myself at the bottom.

I like sleds on soft snow,
and wetness of rain on my forehead;
and I laughingly try

to catch the drops on my tongue.
Though it is comfortable to be babied
I am less dependent
when people treat me as a big boy.
For I don't want their sympathy.
I want their respect for what I can do.
I am happiest when I please
someone I love.

But I am slow, and many things
you take for granted are hard for me.
I don't comprehend war, or crime or hate.
But I know immediately
when I can trust someone.
If I can learn at my own pace,
and still be accepted,
I can fit into a world
where slowness is suspect.

My life will never be easy,
but this is what I ask. . .
Think of me first as a person,
who hurts and loves and feels joy.
And I know I am a child,
to encourage and direct.
Smile, and say hello. . .
even that is enough.

Struggling Free

by Eva Hiebert Klink

I am the mother of two special children.

Lisa, Dave's and my biological child, is special because despite all the hate and hurtful things coming her way from her brother, she has a maturity and understanding of difficult and different people unusual for a 16-year-old.

Lorenzo is the special child for whom we choose to provide a home and a family. He is Filipino. He lived in a orphanage from the time just after his birth until coming to us two and half years later. Because of Lorenzo's physical condition upon arrival, we have surmised that the care in the orphanage was only sufficient to make possible his survival.

Lorenzo came to us with two kinds of worms, infectious warts, scabies, a perforated ear drum, a cavity in a tooth plus several other medical problems. He and I spent a lot of time those first nine months with doctors, including two trips to the hospital. My association with all the poking and prodding sessions in those health settings allowed me to overlook the seriousness of Lorenzo's acts of friendliness and affection for other women over against his resistance at my attempts to hold and cuddle him. I could only hold him if and when he wanted to be held.

Lorenzo resisted riding on our shoulders or being lifted into the air. However, when Lisa became proficient in riding her bike, he would sit behind her on the seat with his feet dangling a long way from the ground. On his own he

would climb high and go into dangerous places. The results were many bumps, cuts and scrapes. Many of the problems we had in the early years we attributed to the difference of now raising a boy, his continuing ear infections, and his learning to speak and understand English.

Just before Lorenzo began school we moved from Utah to Colorado. Because he was so intelligent, we wanted him to begin school with children his age. By the first parent-teacher conference that fall (when I discovered two people waiting to visit with me) I knew we had trouble. Lorenzo had already been labelled hyperactive. (Since then my husband and I go together if possible—two sets of ears and eyes are better than one.) Lorenzo repeated first grade but still continued to lag behind in reading and spelling. At this point he received a second label and began getting help from the learning disabilities teacher.

Meanwhile I was searching for help and answers. I tapped every resource I could find in the school setting, including workshops for parents and teachers. I had special visits with the school social worker also. I asked for help from a friend who had worked in a youth probation program.

All along the way, Lorenzo was taking things, disturbing the class and the family with constant chatter and hyperactivity. He was a little and not-so-little devil with me while being angelic with Dave, my husband. Lorenzo knew just how to act in order to have Dave and I scold and blame Lisa when the two of them were not getting along.

All of my training in child development, especially the class I took in child guidance for adopted children, and all the "help" from school did not change or affect this situation. Our family was extremely unhappy. I felt hopeless, helpless and inadequate as a parent. After asking a friend from the probation department a second time for help, we began therapy with a counsellor from a nearby town. He spent most of our time with me. This made the situation worse since my husband inferred that I was the problem and not Lorenzo.

In sheer desperation I ran away to cook at a Girl Scout camp that summer. Early in the summer I had Lisa with me at camp—no problems. Two weeks before the end of the camp I took both Lorenzo and Lisa with me. In the first three hours, Lorenzo had created five different conflicts. Then I knew that the problem was not with me but with Lorenzo.

I began to look for another source of help. An opportunity came in the form of a workshop held several hours drive from our home. Both Dave and I attended this workshop for parents of difficult children. At last we had found a therapist and a group of parents who had experienced problems similar to ours. We immediately made an appointment for diagnosis and a treatment plan.

The therapist guided us through Lorenzo's rage sessions, adding to and modifying our parenting skills and prescribing times of freedom from Lorenzo. At first I felt guilty because these times of freedom were so peaceful and relaxing. But I know now how important those times were since they made it mentally and physically possible to carry through on the treatment.

The therapy itself was hard. Listening to several hours of my kid screaming he hated me hurt and exhausted me. An additional two hours traveling time each way made me weary. Support did not come from our church community since it did not know what to do.

Our therapist let me begin from my hopelessness, helplessness and anger and helped me move beyond to a new maturity. I still revert to those old feelings at times. But they do not last as long since I've learned how to move on to a more productive and happier spot.

The slight trust Lorenzo had in Lisa (example, biking together) helped them through the worst of the therapy time. They fought hard and dirty during this time, too, but Lorenzo somehow knew through the sickness that Lisa cared. He still wonders about me since we are still working through some problems.

Needless to say, Dave and I have had conflicts about how to parent, and our relationship to each other (Lorenzo does manipulate us) has been difficult at times. Our relationship has had the added factor of my taking graduate work in a master of divinity degree program. I am acting from a freedom I never felt before. Dave is also reaching for new levels of freedom. Lisa's progress toward adulthood has been augmented by her knowledge and understanding of many kinds of people. The process has been painful and continues its moments of pain but we have developed a healthy path for the whole family we once thought impossible.

I am not sure the incidents I have related convey the intensity or depth of the pain we went through. Nor do they indicate how hard it is to watch Lorenzo make stupid mistakes now. However, we know we have done what we can. We can only provide guidance since it is impossible to completely control Lorenzo's (or any child's) behavior. Lorenzo, having had therapy, now has the skill to be able to choose how and what will happen in his life.

Eva Hiebert Klink lives in Ft. Collins, Colo. and is nearing completion of her second year of a master of divinity program at Iliff School of Theology. Among her other commitments, she is a Sunday school teacher at Northern Colorado Church of the Brethren.

Resources

Books

- Baptista, Bob and Martha. 1981. *Ric*. Chicago: Moody Press.
- Cragg, Sheila. 1979. *Tantrums, Toads and Teddy Bears*. Scottsdale, Pa.: Herald Press.
- Kushner, Harold S. 1981. *When Bad Things Happen to Good People*. New York City: Schocken.
- Massie, Robert and Suzanne. 1976. *Tourney*. New York City: Warner Books.
- Somers-Armstrong, Frances. 1984. *Jeremiah*. Winfield, B.C.: Woodlake Books.
- Wheeler, Bonnie. 1983. *Challenged Parenting*. Ventura, Calif.: Gospel Light Publications.
- Wise, Robert L. 1977. *When There Is No Miracle*. Glendale, Calif.: Gospel Light Publications.
- Yancey, Philip. 1977. *Where Is God When It Hurts*. Grand Rapids, Mich.: Zondervan.

Organizations and Periodicals

- Down's Syndrome News, National Down's Syndrome Congress, 1640 W. Roosevelt Road, Chicago, Ill. 60608.
- The Exceptional Parent, 605 Commonwealth Avenue, Boston, Mass. 02215.

MCC operates a Handicap Concerns Program, with staff in both Canada and the United States. Its primary function is in providing resource materials and in awareness raising with individuals, families and congregations, but the program also works directly with parents in referral and facilitating support groups. A quarterly newsletter, *Dialog on Disabilities*, is available free of charge. For more information, contact Henry Enns, 201-1483 Pembina Highway, Winnipeg, Manitoba R3T 2C8; (204) 475-3550 (or provincial MCC offices) or Dean Preheim-Bartel, Box 370, 500 Main St., Elkhart, Ind. 46515; (219) 294-7523.

Program

Youth Behavior Program, 27972 Meadow Drive, Evergreen, Colo. 80439. Phone (303) 674-1910. Four books by Foster W. Cline are available through this program: *Understanding and Helping Difficult Children and Their Parents*; *Parents Education Text*; *Understanding and Treating the Disturbed Child*; *Learning Disorders and School Problems*.

Eva Hiebert Klink, (303) 226-2790, is also willing to share some special recommendations with parents who need help with difficult children.

Letters

I just want to say *deep, deep thanks* for *Report*. I especially appreciated the Nov.-Dec. issue (*on body image*).

I am enclosing a small check which I hope will help keep this kind of publication going.

—Elaine Hartman-McGann, Hinton, Va.

A friend who receives *Report* regularly shared the recent issue (*on body image*) with me, and it ministered to my current needs in a profound way.

Due to a variety of unfortunate circumstances, I've been struggling with many of the questions the women raised in these articles — namely the question of identity, acceptance and how to recover and heal following an assault.

I would very much like to be a subscriber to your excellent magazine. Please let me know the cost in Canadian funds and I will mail that out to you.

—Linda Krahn, Winnipeg

I am embarrassed that MCC would argue against the reproduction of Rembrandt's "Old Woman Bathing Her Feet."

Rembrandt did not have a pornographic attitude to women's bodies. He painted young and old, beautiful and homely, with love and dignity. His painting is of a real woman, not a stereotyped one, in a real activity.

That fact that we might find it offensive shows us a number of things about ourselves. I think you should publish it along with some questions:

Am I offended? If so, why? Is it because she's old? Have I been brainwashed by the advertisers into valuing only younger and slender bodies?

Am I offended because she's nude? Do I think all bodies are offensive? What does that say about God's goodness?

If I think nudity belongs at home, am I writing advertisers who use suggestively posed semi-nudes to sell products? Am I offended by billboards, magazines, bus displays, TV advertising? What am I doing to oppose this paper prostitution on which our prosperity is built? If I accept this display-for-profit, but not the painting, what has happened to my discernment?

Every Mennonite church should arrange to see *Killing Us Softly*, a film about the way advertising is shaping our

attitudes to our fellow human beings who happen to be female.

Thank you for an issue on this most important topic. It will help us all to see better how we are being conformed to this world in our attitudes to women's bodies.

—Donna Stewart, North Vancouver, British Columbia

I have appreciated reading the different issues of *Report*. The issues on poverty and body image cause me to write.

In the poverty issue, the comment was made that some poor women lead a more difficult life because they lack modern cleaning equipment. My feeling is that many of us affluent, well-meaning people make less affluent feel poor, by making them think that all the stuff cluttering up our cupboards is essential for keeping a neat home. My mother is a cleaning woman and from her I have learned to keep my home neat with some very basic, cheap cleaning material. Cheap detergent works wonders in my bathroom. Spic and Span cleans my floors and walls and an oven cleaner looks after the oven mess. My windows and mirrors are cleaned with my home mix of ammonia and vinegar. That's it! The number of cleaning materials do not make for a cleaner home; removing shoes and washing hands does!

Appreciated Susan Shantz' historic overview of women's attitudes to their bodies. I just wish that somewhere the article would have mentioned that preoccupation with shape is not restricted to women. There are very few men who are happy with their form. Who tells the men how they ought to look— other men, or perhaps women? In a discussion with teenagers, a 16-year-old male asked, "Don't all girls want muscular, football types?" Somehow, he has concluded that women like certain forms of men, and he did not get this from his mother.

In our attempts to speak to women we must give a balanced picture; we need to see women as part of the whole human picture.

You may be interested in Adolfo Puricelli's comments to the absence of "the picture." He works with Latin American refugees in Toronto. He is happy to hear that Mennonites would be offended by naked bodies, and hopes that with this sensitivity, there will be a large outcry and helping response for all the naked bodies displayed on the Evening News.

—Margot Fiegieth, Mississauga, Ontario

News and Verbs

Ingrid Schultz, of the MCC Canada Personnel Department, has been chosen to travel to Cuba as part of a three-person delegation representing Canadian Non-Governmental Organizations. Schultz will spend four days on the Caribbean island with the delegation, who go on the invitation of the Cuban government. They will try to build bridges of understanding and seek ways in which the NGO community might assist Cuba in the areas of education, technology and agriculture. Canada is not bound by the same restrictions as is the United States in providing aid to Cuba.

Mary Hunsberger Schiedel, who will graduate from Associated Mennonite Biblical Seminaries this fall, has been appointed associate pastor at Elmira Mennonite Church in Ontario. She has been serving as interim pastor at Preston Mennonite Church.

Evelyn Rouner has been named director of the senior center at Greencroft, a large Mennonite retirement community in Goshen, Ind. An educator and administrator, Evelyn holds a doctorate in family studies and human development.

The institutional boards of two Mennonite colleges now have women as chairpersons—a first for both boards **Shirley Yoder** of Salem, Ore. is currently serving as chair of Hesston College's board of overseers and **Arlene Mark**, Elkhart, Ind., is the chair of Goshen College's board.

Four of the 12 positions on the Goshen College board are now held by women. In addition to Arlene, they include **Joy Lovett**, Elkhart, **Jocele Meyer**, Akron, Pa., and **Leanne Schertz**, Peoria, Ill.

Two other women join Shirley on the 12-member Hesston College board. They are **Gloria Hostetler** of Harper, Kan. and **Sharon Miller** of Wellman, Iowa.

Barbara Fast, a Hesston College piano instructor, has been selected as a touring artist for the coming year, under the auspices of the Kansas Arts Commission. She will tour as a duo with flautist Vada Snider. The touring artist program is designed to give Kansans greater exposure to seasoned performers.

Associated Mennonite Biblical Seminaries is offering the first in a series of **\$10,000 lectureship stipends** to Mennonite women graduate students who possess a background in Bible, church history, theological ethics, or church and ministry studies. The intent is to prepare doctoral and post-doctoral scholars to teach in Mennonite seminaries, colleges and Bible institutes. While instructing part time at AMBS, grant recipients will also have the opportunity to learn from other women faculty. More information is available from Marie Clemens, Women's Advisory Committee, AMBS, 3003 Benham Ave., Elkhart, Ind. 46517.

Lydia Penner, native of Steinbach, Manitoba, will soon graduate from the Mennonite Theological Seminary in Amsterdam. She has previously served as information services director for MCC Canada and in Germany with MCC.

The MCC Committee on Women's Concerns is seeking a **Canadian General Conference Mennonite woman** to serve on the committee for a three-year term, beginning this summer. Committee members attend two meetings annually and promote women's concerns in their conference and geographic area. Candidates should have a strong commitment to issues relating to women in church and society.

For more information or to indicate interest in the position, contact Peggy Regehr, Committee on Women's Concerns, MCC Canada, 201-1483 Pembina Highway, Winnipeg, Manitoba R3T 2C8.

Peggy Regehr, Winnipeg, has been re-elected as secretary of the executive of the Manitoba Mennonite Brethren Conference, the first woman to hold this position.

Five MCC board members have recently been named to a newly formed personnel policies committee. **Florence Driedger, Ross Nigh, Eugene Seals, Mervin Dick and Anna Juhnke** are charged with: monitoring personnel plans and policies to determine whether MCC is appropriately responsive to changes in society; ensuring that grievance procedures are in place; and monitoring the progress in employment of women, minorities and handicapped individuals.

"Will the Allegheny Conference of the Mennonite Church allow the ordination of women pastors?" was a question posed in an earlier issue of *Report*. Yes, replied 57 percent of the delegates at one of the best-attended gatherings of that conference. Thirty-seven percent voted "no" and 6 percent abstained at the March 2 meeting.

The decision had been postponed from last October, due to poor attendance and a reluctance to act on what was perceived as a divisive issue. The conference took up the question when University Mennonite Fellowship of State College, Pa. requested the ordination of their licensed co-pastors, **Harold and Ruth Anne Yoder**.

REPORT is published bi-monthly by the MCC Committee on Women's Concerns. The committee, formed in 1973, believes that Jesus Christ teaches equality of all persons. It strives to promote this belief through sharing information, concerns and ideas relating to problems and issues which affect the status of women in church and society. Articles and views presented in *REPORT* do not necessarily reflect official positions of the Committee on Women's Concerns. Correspondence should be addressed to Editor Emily Will at MCC, 21 South 12th Street, Akron, PA 17501.

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